



State of New Jersey
AGENCY REQUEST FOR PROPOSAL



VENDOR NAME AND ADDRESS:	RETURN THIS PROPOSAL TO: Department of Corrections Bureau of Accounting and Revenue Whittlesey Road, PO Box 863 Trenton, NJ 08625-0863	DELIVER TO: New Jersey Dept. of Corrections Whittlesey Rd., P.O. Box 863 Trenton, NJ 08625-0863
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NOTE: This proposal must be returned no later than **4:00 PM** on the following date: **March 1, 2011**

AGENCY PERSON TO CONTACT:
Eugene Pryor eugene.pryor@doc.state.nj.us

FISCAL YEAR	ACCOUNT NUMBER	AGENCY REF. NO.	
2011		COHQ-004	

IMPORTANT INSTRUCTIONS TO BIDDERS: Read the entire bid proposal, terms and conditions, and specifications. Fill in all information requested below. All bid prices must be typed or written in ink. Upon completion, this proposal must be signed and returned to the address shown above. Unsigned proposals will not be considered. Bidders using USPS regular or express mail services should allow additional time since USPS mail deliveries are not delivered directly to the Department of Corrections.

NOTE: SPECIFICATIONS AND TERMS AND CONDITIONS ARE ATTACHED.

ITEM NO	QUANTITY	UNIT	DESCRIPTION (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)	UNIT PRICE	AMOUNT
			USE THIS FORM FOR PRICING Second Chance Act Demonstration Project Family Integration, Reunification and Transition Case Management Services for Offenders Residing in Atlantic, Camden, Hudson and Passaic Counties The NJDOC is seeking an organization(s) to facilitate case management services for inmates preparing for release from Albert C. Wagner Youth Correctional Facility and their immediate family members who reside in Atlantic, Camden, Hudson or Passaic Counties. A total of seventy-five (75) unduplicated, offender participants are targeted for this initiative. SPECIFICATIONS ARE ATTACHED Detailed program plans and initiatives conforming to the attached specifications must be submitted with the proposal. All Inclusive Proposal Pricing		

• PRICES ARE FIRM UNTIL THE FOLLOWING DATE: _____	• TOTAL: \$ _____
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CASH DISCOUNT	DATE OF DELIVERY	VENDOR'S FEDERAL I.D. NUMBER	VENDOR'S TELEPHONE NO.

VENDOR'S SIGNATURE (Must Be Signed): _____	PRINT OR TYPE NAME BELOW: _____	DATE: _____
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